

Date application received by the public authority	Ref.:

First name and surname		Civic registration number	
Telephone number	Email address		
The application is in respect o	f:		
Study programme/course and department:		Term admitted: Spring/Autumn	i
Grounds/reasons for deferment (to be corre	oborated by certificates, etc.):	1	
Application for deferment of s	study commencement		
I apply to defer commencemen	t of the study programme	ne/course until the next occasion on which pend certificates and grounds for my applic	
Place and date	App	plicant's signature	
To be completed by the univer	rsity		
DECISION:	isity		
☐ Granted			
☐ Not granted¹			
☐ Details of, and reasons for	, the decision are to be a	appended	
Rapporteur, signature	Decis	sion-maker, signature	

This form is to be sent to the registrar: registrator@uniarts.se or The registrar, Stockholm University of the Arts, Box 24045, SE-104 50 Stockholm.

¹ **Appeal information:** The decision can be appealed. Your appeal must be in writing. You must state what you would like changed in the decision and your reasons for this. Appeal lies to the Higher Education Appeals Board, but the appeal document is to be sent to: Stockholm University of the Arts, Box 24045, SE-104 50 Stockholm; or, registrator@uniarts.se.The appeal must be received by the university within three weeks of you learning of the decision.